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| <b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b><br><b>(Under 37 CFR 1.97(b) or 1.97(c))</b> | Docket No.<br>DC5113PCT1 |
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In Re Application Of: De Caire et. al

|                 |             |                     |              |                |                  |
|-----------------|-------------|---------------------|--------------|----------------|------------------|
| Application No. | Filing Date | Examiner            | Customer No. | Group Art Unit | Confirmation No. |
| 10/552537       | 07/10/2006  | Venkat, Jyothsna A. | 00137        | 1619           | 6661             |

Title: Personal Care Applications of Emulsions Containing Elastomeric Silanes and Siloxanes with Nitrogen Atoms

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**37 CFR 1.97(b)**

1. ☐ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

**37 CFR 1.97(c)**

2. ☒ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:
- ☐ the statement specified in 37 CFR 1.97(e);
- OR**
- ☒ the fee set forth in 37 CFR 1.17(p).

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| <p align="center"><b>Payment of Fee</b><br/>(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))</p> <p><input type="checkbox"/> A check in the amount of _____ is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1520 as described below.</p> <p><input checked="" type="checkbox"/> Charge the amount of \$180.00</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> |
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Dated: 10/12/2010  
  
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